Sheet 1 of 2 Attorney Docket No.: DAVOX-183XX

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Telephony System Paging System and Method

the	specification	οf	which	(check	one)	:	
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the s	pecificati	on of whi	lch (check	one):					
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					amended	on		ww	_ (if
					applicable).				
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for- app¶i	patent or cation for	inventor patent	s certific	ate list or's cer	under Title ed below and tificate ha	d have also	identifie	d below any	y foreign
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(Num	ber)		(C	ountry)		(Day/Mont	:h/Year)	Yes	
(Num	ber)		(Co	untry)		(Day/Mont	:h/Year)	Yes	No
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I hereby claim the benefit under Title 35 USC 119(e) of any United States provisional application(s) listed below:

(Application Serial No.)

(Filing Date)

(Patented/pending/abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) to prosecute this application and transact all business connected therewith in the Patent and Trademark Office, and to file with the USRO any International Application based thereon.

Daniel J. Bourque, 35,457 Kevin J. Carroll, 36,384 R. Anthony Diehl, 38,432

Address all correspondence to:

Bourque & Associates, P.A. 835 Hanover Street, Suite 301 Manchester, NH 03104

Telephone: (603) 623-5111 Facsimile: (603) 624-1432

28452
PATENT_TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole/First Inventor: Saima S. Khan					
City of Residence Metairie	State or Country LA	Country of Citizenship US			
Post Office Address 3301 W. Esplanade Avenue N. Apt. # 20327B	City Metairie	State or Country Zip Code LA 70002			
signature: (Please sign and da	Date signed: x ///18 /01				